

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
10/01/2009

PRODUCER		Serial # 100532		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
Marsh USA Inc. 1301 Fifth Avenue Seattle, WA 98101		2 Tyrisco, Inc. P.O. Box 55219 Seattle, WA 98155			
INSURED				INSURERS AFFORDING COVERAGE	
Starbucks Corporation et al Attn: Allison Frey P.O. Box 34067 Seattle, WA 98124-1067 (206) 318-4850				INSURER A: Zurich American Insurance Company INSURER B: American Guarantee & Liability Insurance INSURER C: Zurich Insurance Company INSURER D: American Zurich Insurance Company INSURER E: National Union Fire Insurance Company of Pittsburgh	
				NAIC#	

**COVERAGES**

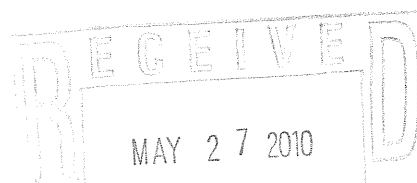
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	GL08378867-08	10/1/2007	10/1/2010	EACH OCCURRENCE	\$ 3,000,000*
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 3,000,000*
	<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ .
	<input checked="" type="checkbox"/>	*\$2,000,000 SIR				PERSONAL & ADV INJURY	\$ 3,000,000*
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 5,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
E 2 E 2		AUTOMOBILE LIABILITY	CA-912454 CA-912453	10/1/2009 10/1/2009	10/1/2010 10/1/2010	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/>	ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/>	ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/>	SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>	HIRED AUTOS					
	<input type="checkbox"/>	NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
B		EXCESS/UMBRELLA LIABILITY	AUC3781148-07	10/1/2009	10/1/2010	EACH OCCURRENCE	\$ 10,000,000
	<input checked="" type="checkbox"/>	OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 10,000,000
	<input type="checkbox"/>	DEDUCTIBLE					\$
	<input type="checkbox"/>	RETENTION \$					\$
A D		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WC8378817-10 WC8298255-07	10/1/2009 10/1/2009	10/1/2010 10/1/2010	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				EL EACH ACCIDENT	\$ 1,000,000
						EL DISEASE - EA EMPLOYEE	\$ 1,000,000
						EL DISEASE - POLICY LIMIT	\$ 1,000,000
		OTHER					

\*Company A - General Liability: The limits are \$1,000,000 in excess of a \$2,000,000 self-insured retention.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

RE: Corvallis (#421), 425 SW Madison Avenue, Corvallis, OR 97333  
Certificate holder is included as an additional insured as respects outdoor seating.



CERTIFICATE HOLDER		CANCELLATION	
City of Corvallis Community Development Development Services Division 501 SW Madison Avenue Corvallis, OR 97339		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 	

CAF 10-00017